

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>12322</u> <u>INITIAL FILING</u>	2 Fiscal Year Covered From <u>12/31/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>P. E. J. A. A. A.</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>47 WEST FERGUSON</u> City <u>WOOD RIVER</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62095</u>	4 Name, file number, and address of labor organization Name <u>ILLINOIS LOCAL 1338</u> Labor Organization File Number <u>019-570</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>47 WEST FERGUSON</u> City <u>WOOD RIVER</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62095</u>
5 Position in labor organization <u>BOA</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any)

Name   
Trade Name, if any   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

7 a Nature of Interest, Transaction, or Income

7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

P. E. J. A. A. A.

On

6/14/05  
Date

619-254-5411  
Telephone Number

Name of Person Filing PRESTON HALLFile Number U- INITIAL FILING

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PRESTON HALLTrade Name, if any: P.O. Box, Bldg., Room No., if any 1001 Bldg. 1001Street City State ALABAMA ZIP Code + 4 35111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PRESTON HALLTrade Name, if any: P.O. Box, Bldg., Room No., if any 1001 Bldg. 1001Street City State ALABAMA ZIP Code + 4 35111

11.a. Nature of such dealing.

Provided Business Name  
to local members

11.b. Approximate dollar value of such dealing.

500

12.a. Nature of interest held or income received.

None

12.b. Amount.

35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>PRESTON HALL</b>	File Number U- <b>INITIAL FILING</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>MIDWEST REGIONAL FAIR CONT.</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>SUITE 525</b></p> <p>Street <b>1 NORTH OLD CAPITAL PLAZA</b></p> <p>City <b>SPRINGFIELD</b></p> <p>State <b>ILLINOIS</b> ZIP Code + 4 <b>62701</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer:</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>MIDWEST REGIONAL FAIR CONT.</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>SUITE 525</b></p> <p>Street <b>1 NORTH OLD CAPITAL PLAZA</b></p> <p>City <b>SPRINGFIELD</b></p> <p>State <b>ILLINOIS</b> ZIP Code + 4 <b>62701</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>PROTECT WORKERS RIGHTS</b>  <b>AGAINST 2.0 OPORTION, TIME</b>  <b>COMPLIANCE WITH FEDERAL AND</b>  <b>STATE LAWS</b></p> <p>11.b. Approximate dollar value of such dealing. <b>—</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>CONFIRMED FEES</b>  <b>SALARIES</b>  <b>BENEFITS AND REIMBURSE</b>  <b>BUSINESS EXPENSES</b></p> <p>12.b. Amount. <b>69,929</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

- You are a union officer and an attorney. Employers not in the industry organized by your union often hire your law firm. One of those employers gives you an all-expense paid weekend at a ski resort as a reward for winning a major lawsuit. This trip is reportable.
- You are a local union president. An employer outside the jurisdiction of your local offers your 20-year old daughter a paid summer internship on the understanding that you will seek to have your members go on strike against an employer who is one of their competitors. Your daughter's income and benefits from the internship are reportable.
- You are an officer of a national union. Your wife is hired as a senior executive of an employer on the understanding that your union will not seek to organize that employer. Your wife's interest in the employer and any payments or benefits she received from it are reportable.

### Who must sign Form LM-30?

Form LM-30 must be signed by the union officer or the employee required to file it.

### When is the filing deadline?

Labor organization officers and employees must file Form LM-30 within 90 days after the end of their fiscal year.

### Where do I file Form LM-30?

The completed Form LM-30 must be mailed to: U.S. Department of Labor  
ESA/OLMS, Room N-5616  
200 Constitution Avenue, NW  
Washington, DC 20210-0001

### Are Form LM-30 reports available to the public?

Yes, all reports required to be filed under the LMRDA are public information. You can view and print Form LM-30 reports for the year 2000 and later at [www.union-reports.dol.gov](http://www.union-reports.dol.gov). You can also order earlier reports at this Web site. In addition, Form LM-30 reports may be examined, and copies purchased, at the OLMS Public Disclosure Room at the above address.

### How can I get more information?

Additional information about Form LM-30 is available on the Internet at [www.olms.dol.gov](http://www.olms.dol.gov). You can also contact the nearest OLMS field office listed below or send an e-mail to [olms.public@dol.gov](mailto:olms.public@dol.gov).

#### OLMS Field Offices

Staff is available to answer questions about the LMRDA at OLMS offices in the following cities.

Atlanta, GA	(404) 562-2083	Detroit, MI	(313) 226-6200	Miami, FL	(954) 356-6850	Pittsburgh, PA	(412) 395-6925
Birmingham, AL	(205) 731-0239	Grand Rapids, MI	(616) 456-2335	Milwaukee, WI	(414) 297-1501	St. Louis, MO	(314) 539-2667
Boston, MA	(617) 624-6690	Guaynabo, PR	(787) 277-1547	Minneapolis, MN	(612) 370-3111	San Francisco, CA	(415) 848-6567
Buffalo, NY	(716) 551-4976	Honolulu, HI	(808) 541-2705	Nashville, TN	(615) 736-5906	Seattle, WA	(206) 398-8099
Chicago, IL	(312) 596-7160	Houston, TX	(713) 718-3755	New Haven, CT	(203) 773-2130	Tampa, FL	(813) 288-1314
Cincinnati, OH	(513) 684-6840	Indianapolis, IN	(317) 614-0013	New Orleans, LA	(504) 589-6174	Washington, DC	(202) 513-7300
Cleveland, OH	(216) 357-5455	Kansas City, MO	(816) 502-0290	New York, NY	(646) 264-3190		
Dallas, TX	(972) 850-2500	Las Vegas, NV	(702) 388-6126	Newark, NJ	(732) 750-5661		
Denver, CO	(720) 264-3231	Los Angeles, CA	(213) 534-6405	Philadelphia, PA	(215) 861-4818		

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
Revised 5/2005

August 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

*PRESTON AALL*

Re: Form LM-30 Filing for 2004 019-510, Labor Organization File No. 019-510

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

